

Cervical Cancer Screening

Between 2002 and 2004 the American Cancer Society, The U.S. Preventive Services Task Force and the American College of Obstetricians and Gynecologists issued revised guidelines for the frequency of cervical cancer screening (Pap smears). After carefully reviewing each, the Family PACT Program has adopted the screening intervals contained in the American Cancer Society guidelines.

KEY RECOMMENDATIONS

- To facilitate informed choice, Family PACT providers should advise each client of the screening interval that applies to her individual circumstance.
- Initiate cervical cancer screening (Pap tests) three years after the first episode of vaginal intercourse or at 21 years of age, whichever comes first.
- The screening interval for women under 30 years of age is once per year with conventional cervical cytology or every two years using liquid based tests.
- The screening interval for women 30 years of age and older that have had three normal test results in a row is once every 2 to 3 years when using conventional or liquid based technology.
- Immunocompromised women (those using chronic steroids, HIV positive, organ transplant) should receive annual cervical cancer screening regardless of technology.
- At this time, Family PACT Program benefits include a routine Pap smear as often as once a year, although clients may choose to have Pap smears less frequently once informed of the guidelines.

Questions and Answers

When does Family PACT cover HPV testing with a Pap smear?

Currently, HPV testing is limited to reflex testing for clients with a cervical cytology result of ASC-US. Family PACT does not otherwise cover HPV testing in the follow-up of abnormal Pap, biopsy results or co-screening with Pap +HPV.

Will Family PACT cover the cost for a Pap smear for an adolescent less than 3 years after onset of sexual activity?

While national guidelines state that cervical cancer screening is not indicated among adolescents that have been sexually active for less than three years, the cost of Pap screening will be covered if the client specifically requests the service.

Is there an advantage to liquid based cytology (LBC) over conventional glass Pap smears?

Currently the USPSTF and ACOG state that the data is insufficient to recommend one technology over the other. However, one advantage of LBC is that HPV reflex testing can be performed immediately after an ASC-US result.

If the client has an abnormal Pap smear, should I limit or withhold contraception?

No. There is no medical evidence that the use of hormonal contraceptives will adversely affect the diagnosis and treatment of cervical abnormalities. The abnormal results make it even more important to provide effective contraception as pregnancy would complicate and may even prevent treatment for cervical abnormalities.

If the client is not due for a Pap smear, does she still need an annual check-up?

According to the U.S. Preventive Services Task Force, periodic health screening visits can be done every 1-3 years, depending upon the health status and behaviors of the individual client. Check-up visits, whether done annually or less often, should focus on contraceptive needs and practices, STI risk assessment, the provision of anticipatory guidance, and as clinically indicated, physical examination and screening tests.

Resources

- **American College of Obstetricians and Gynecologists (ACOG) Web site:** www.acog.org offers information about the organization's recommendations.
- **U.S. Preventive Services Task Force (USPTF) Web site:** <http://www.ahrq.gov/clinic/uspstf/uspstfscerv.htm>
- **American Cancer Society Web site:** www.cancer.org

Application of Family PACT STANDARDS

Family PACT services are for family planning reproductive health: family planning methods and selected related conditions. The detection and management of pre-cancerous and cancerous lesions of the cervix are selected related conditions.

1. Informed Consent

- Clients shall be advised of the availability of cervical cancer screening, diagnostic and limited management services.
- Clients should be informed of the recommended screening interval that applies to her individual circumstance.
- The consent process for cervical cancer screening services shall be provided in a language understood by the client and supplemented with written materials.

2. Confidentiality

- As with all other laboratory tests, providers shall have an established confidential mechanism to provide cervical cancer screening test results.

3. Access to Care

- Cervical cancer screening services shall be provided without cost to Family PACT clients at all clinical service sites.
- Diagnostic and limited treatment services for abnormal Pap smears are available under Family PACT.
- Referral resources for medical and psychosocial services beyond the scope of Family PACT, including treatment for cervical conditions, shall be made available to clients. The *Breast and Cervical Cancer Treatment Program* offers seamless service delivery to clients with diagnosed cancer. Services not listed in the *Family PACT Policy, Procedures, and Billing Instructions* (PPBI) are not reimbursable by the program.

4. Availability of Covered Services

- At this time, Family PACT Program benefits include a routine Pap smear as often as once a year, although clients may choose to have Pap smears less frequently once informed of the guideline.
- Screening, diagnostic and limited treatment for cervical abnormalities as listed in the PPBI shall be made available to clients as a condition of delivering services under Family PACT.
- Clients with cervical abnormalities may receive limited treatment as defined in the PPBI on-site or by referral.

5. Scope of Clinical and Preventive Services

- Clinicians delivering services under Family PACT shall have professional knowledge and skills about medical practice standards pertaining to cervical cancer screening.
- Cervical cancer screening is **NOT** required prior to the provision of contraception.
- The treatment of cervical cytologic abnormalities should be consistent with the *American Society for Colposcopy and Cervical Pathology, Consensus Guidelines for the Management of Women with Cervical Cytological Abnormalities*.
- Providers should have a follow up mechanism for all Pap smears, including logging and tracking, to insure that all Pap smear results are evaluated and women with cytologic abnormalities are notified.
- Documentation shall record clinical findings and justification for services in medical record.

6. Education and Counseling Services

- Clients shall receive education on protecting their reproductive health and plans for future pregnancy.
- Individual education and counseling should be provided for all women to inform them of Pap smear periodicity and the significance and management of abnormal Pap smears.

Program Policy

This alert provides an interpretation of the Family PACT Standards for integration of cervical cancer screening into current practice: minimum service delivery requirements for cervical cancer screening. Providers should refer to the Family PACT *Policies, Procedures and Billing Instructions* for the complete text of the Family PACT Standards, official administrative practices and billing information. For the purposes of this and other Family PACT Clinical Practice Alerts, the term "shall" indicates a program requirement; the term "should" is advisory and not required.